

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Craig S  
NICKNAME LAST SUFFIX  
Ludwig

OFFICE USE ONLY

Date Received

CITY CLERK DEPARTMENT  
JUN 16 AM 9 46

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

0

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
7037 Crownridge FIPASO TX 79912

☐ Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Craig S  
NICKNAME LAST SUFFIX  
Ludwig

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

SAME

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 842-0813

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☒ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
4 / 25 / 03 THROUGH / /

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
5 / 3 / 03  
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Rep district 1

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE  
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

300

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

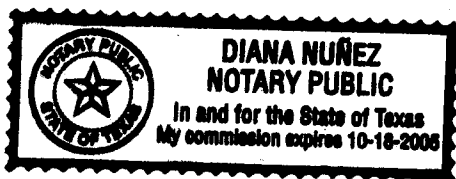
349.25

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

## 19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Craig S. Ludwig, this the 16th day of June, 20 03, to certify which, witness my hand and seal of office.

*Diana Nuñez*  
Signature of officer administering oath

Diana Nuñez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Craig Ludwig

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/30/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Moises Munoz

7 Amount of  
contribution (\$)

30<sup>00</sup>

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

833 Vermillion Canyon TX 79835

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/30/03

Full name of contributor

☐ out-of-state PAC (ID#)

Mike Munoz

Amount of  
contribution (\$)

20<sup>00</sup>

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

400 Belvidere E IPASO TX 79912

Principal occupation (Optional)

Employer (Optional)

Date

5/5/03

Full name of contributor

☐ out-of-state PAC (ID#)

Jobe PAC

Amount of  
contribution (\$)

250<sup>00</sup>

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1 McKelligan Canyon E IPASO TX 79930

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages this Schedule B1:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:    ⇒    ⇒    ⇒    ⇒    ⇒    ⇒    ⇒    \$			
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>7</b> Pledgor address;                      City;    State;    Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>10</b> Principal occupation (optional)		<b>11</b> Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;                      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;                      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;                      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;                      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;                      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a  
financial institution?

Y

N

**8** Lender address;   City;   State;   Zip Code

o

**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR  
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address;   City;   State;   Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a  
financial institution?

Y

N

Lender address;   City;   State;   Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR  
INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address;   City;   State;   Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Craig Ludwig

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/25/03

5 Payee name

Crossroads Printing

7

Amount  
(\$)

21.38

6 Payee address;

City; State; Zip Code

Mesa EIPASO TX 79912

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

4/28/03

Payee name

Crossroads Printing

Amount  
(\$)

34.21

Payee address;

City; State; Zip Code

Mesa EIPASO TX 79912

Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

4/30/03

Payee name

Crossroads Printing

Amount  
(\$)

25.66

Payee address;

City; State; Zip Code

Mesa EIPASO TX

Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

5/2/03

Payee name

Crossroads Printing

Amount  
(\$)10<sup>00</sup>

Payee address;

City; State; Zip Code

Mesa EIPASO TX 79912

Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE ~~F~~ F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule ~~F~~ F

2 FILER NAME

Crais

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/21/13

5 Payee name

Isreal Munoz

6 Payee address; City; State; Zip Code

833 Vermillion cantillo TX 79835

8 Amount (\$)

258<sup>00</sup>

7 Purpose of expenditure (See instructions regarding type of information required.)

Payment to Campaign Manager

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount  
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule I:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**8** Amount  
(\$)**6** Payee address; City; State; Zip Code**7** Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	<b>6</b> Payor address; City; State; Zip Code	
	<b>7</b> Reason for credit	
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME****2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A & B below *only* if you are a candidate --

**A. CAMPAIGN FUNDS**

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

-- Complete this section *only* if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder



